

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
3286
CERTIFICATE OF DEATH

03257

Reg. Dist. No. 760

1. PLACE OF DEATH a. COUNTY <u>Somerset</u> MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Oriole</u> c. LENGTH OF STAY IN 1b <u>88 years</u> d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>At Home</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>Somerset</u> c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Oriole</u> d. STREET ADDRESS _____ e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>									
3. NAME OF DECEASED (Type or print) First <u>Mary</u> Middle <u>I.</u> Last <u>Bennett</u>			4. DATE OF DEATH Month <u>March</u> Day <u>24</u> Year <u>19 56</u>										
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>									
8. DATE OF BIRTH <u>Feb. 22, 1868</u>		9. AGE (In years last birthday) <u>88</u> yrs. <table border="1" style="display: inline-table; width: 100px;"> <tr> <td>Months</td> <td>Days</td> <td>Hours</td> <td>Min.</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>		Months	Days	Hours	Min.					10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>	
Months	Days	Hours	Min.										
10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>									
13. FATHER'S NAME <u>Theodore Dashiell</u>			14. MOTHER'S MAIDEN NAME <u>Georgia Dashiell</u>										
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT <u>Mr. Herman Bennett</u> Address <u>Oriole, Maryland</u>									
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pneumonia (Pneumonia)</u> DUE TO <u>493X</u> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) _____ DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH <u>6 weeks</u>								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Arteriosclerosis Heart Disease</u>													
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)										
20c. TIME OF INJURY Month, Day, Year Hour a. m. _____ p. m. _____ 19 _____		20d. INJURY OCCURRED While of work <input type="checkbox"/> Not while of work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) _____									
20f. (City or town) _____		(County) _____		(State) _____									
21. I certify that I attended the deceased from <u>2-13</u> , 19 <u>56</u> , to <u>3-24</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>3-24</u> , 19 <u>56</u> , and that death occurred at <u>7 A</u> M, from the causes and on the date stated above.													
ACTUAL SIGNATURE <u>Everett C. Sutter</u> M.D.			ADDRESS (Street, city or town, state) <u>Dames Quarter, Md</u>										
PHYSICIAN'S NAME (Type) <u>Everett C. Sutter MD</u>			DATE SIGNED <u>Dames Quarter, Maryland</u>										
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		22b. DATE THEREOF <u>3-26-1956</u>		22c. NAME OF CEMETERY OR CREMATORY <u>Oriole, Cemetery</u>									
22d. LOCATION (City, town, or county) <u>Oriole, Maryland</u>		(State) _____											
23. FUNERAL DIRECTOR'S SIGNATURE <u>Levin R. Wilson Princess Anne Md</u>			ADDRESS _____										
24a. REC'D BY REGISTRAR <u>3/27/56</u>		24b. REGISTRAR'S SIGNATURE <u>R.S. Johnson, M.D.</u>											

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. This certificate has been signed by the attending physician and completed in accordance with the law. The original of this certificate should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

3287

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH a. COUNTY SOMERSET MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MARYLAND b. COUNTY SOMERSET	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CRISFIELD		c. LENGTH OF STAY IN 1b LIFETIME	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION MC CREADY HOSPITAL		d. STREET ADDRESS CHARLOTTE AVE.	
3. NAME OF DECEASED (Type or print) First ALTHEA Middle BELL Last CAREY		4. DATE OF DEATH Month MARCH Day 1 Year 1956	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH AUGUST 14, 1880
9. AGE (In years last birthday) 75 yrs.		10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY AT HOME	
11. BIRTHPLACE (State or foreign country) CRISFIELD, MARYLAND		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME GEORGE TAXES		14. MOTHER'S MAIDEN NAME ELIZABETH FOSTER	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT MRS. GORDON PHILLIPS - CRISFIELD, MARYLAND		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia 204.4 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Leukemia, unclassified DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 2 wks. ?
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> Feb	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) (County) (State)
21. I certify that I attended the deceased from March 24, 1956 to March 1, 1956 , that I last saw the deceased alive on Mar 1, 1956 , and that death occurred at 6:30 A.M. from the causes and on the date stated above.			
ACTUAL SIGNATURE C. G. Rawley		ADDRESS (Street, city or town, state) CRISFIELD, MD	
PHYSICIAN'S NAME (Type) C. G. RAWLEY, M.D.		DATE SIGNED	
22a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	22b. DATE THEREOF MAR. 3, 1956	22c. NAME OF CEMETERY OR CREMATORY SUNNYRIDGE CEMETERY	22d. LOCATION (City, town, or county) (State) CRISFIELD, MARYLAND
23. FUNERAL DIRECTOR'S SIGNATURE BRADSHAW & SONS - CRISFIELD, MARYLAND		24a. REC'D BY REGISTRAR DATE 3/3/56	24b. REGISTRAR'S SIGNATURE Arthur S. Adams

MEDICAL CERTIFICATION

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the attending physician. The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the attending physician. The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

[illegible]

Answer

494

4580

4525

2545

3742

Q&A #1 T2050A

39, 232, 198

2908 TA

CHURCH OF THE HOLY TRINITY

23 WKT 22903

837203 07384543

NOTES

MR. GORDON THURMAN - CHRISTIANITY TODAY

BUREAU V. S.

MAR 14 1956

RECEIVED

4.24

[illegible]

6/11/2016 6:37:00 - 6:40:00 24120155

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.

VS. A15ME(5)
SM 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18										
Item 21 Film G194 3-27-56										
MEDICAL EXAMINER'S CERTIFICATE OF DEATH										
Reg. Dist. No. 260										
1. PLACE OF DEATH a. COUNTY Somerset MARYLAND					2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE Maryland b. COUNTY Somerset					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Princess Anne			c. LENGTH OF STAY IN 1b 23 years		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Princess Anne					
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)					d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Henry Middle Carey Last Carey					4. DATE OF DEATH Month March Day 17 Year 1956					
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 9/12/86		9. AGE (In years last birthday) 69 yrs.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (State or foreign country) Augusta, Georgia			12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME unknown					14. MOTHER'S MAIDEN NAME unknown					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. (If yes, give war or dates of service)		17. INFORMANT Address Rebecca Ballard - Princess Anne, Maryland						
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Exposure and shock 932.8 DUE TO Conditions, if any, which gave rise to immediate cause (b) Cold Weather alone in (c) shock without any fire - DUE TO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>										
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)							
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19			20d. INJURY OCCURRED While <input checked="" type="checkbox"/> Not while <input type="checkbox"/> of work of work		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State) 19			
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input checked="" type="checkbox"/> and find that death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined cause <input type="checkbox"/> .										
ACTUAL SIGNATURE R.H. Johnson					M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/>					
EXAMINER'S NAME (Type) R.H. Johnson					ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>					
					DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/> March 19-56					
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial			22b. DATE THEREOF Mar. 20, 1956		22c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery			22d. LOCATION (City, town, or county) (State) Princess Anne, Md. - Somerset Co.		
23. FUNERAL DIRECTOR'S SIGNATURE William H. Jones Jr. Princess Anne Md.					ADDRESS		24a. REC'D BY REGISTRAR DATE 3/20/56		24b. REGISTRAR'S SIGNATURE R.H. Johnson, M.D.	

27

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. NAME OF DECEASED: *John Doe*
2. SEX: *Male*
3. AGE: *45*
4. DATE OF BIRTH: *1910*
5. PLACE OF BIRTH: *California*
6. OCCUPATION: *Farmer*
7. CAUSE OF DEATH: *Heart Disease*
8. MANNER OF DEATH: *Natural*
9. SIGNATURE OF EXAMINER: *[Signature]*
10. DATE OF EXAMINATION: *March 22, 1956*

BUREAU V. S.

MAR 22 1956

RECEIVED

11. SIGNATURE OF REPORTER: *[Signature]*

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed, it should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. Page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3289

CERTIFICATE OF DEATH

03260

Reg. Dist. No. 265

1. PLACE OF DEATH o. COUNTY SOMERSET MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE MARYLAND b. COUNTY SOMERSET			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CRISFIELD				c. LENGTH OF STAY IN 1b 8 DAYS			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 79 MCCREADY HOSPITAL				d. STREET ADDRESS MARUMSCO			
3. NAME OF DECEASED (Type or print) First Middle Last HATTIE EMILY JACKSON				4. DATE OF DEATH Month Day Year MARCH 7 1956			
5. SEX FEMALE		6. COLOR OR RACE COLORED		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH AUG. 1, 1901	
9. AGE (In years last birthday) 54 yrs.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY SEAFOOD INDUSTRY		11. BIRTHPLACE (State or foreign country) MARUMSCO, MARYLAND	
12. CITIZEN OF WHAT COUNTRY? USA				13. FATHER'S NAME PETER JACKSON			
14. MOTHER'S MAIDEN NAME EMILY GREEN				15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			
16. SOCIAL SECURITY NO. 215-01-0085				17. INFORMANT Address MRS. EUNICE FITCHETT - R.F.1 - MARION, MD.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebro-vascular Accident DUE TO 443X Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) Hypertensive Cerebro-vascular Disease DUE TO (c)						INTERVAL BETWEEN ONSET AND DEATH 8 days Known 2 years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Congestive Heart Failure for 2 years							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19			
20d. INJURY OCCURRED White <input type="checkbox"/> Not white <input type="checkbox"/> of work <input type="checkbox"/> of work <input type="checkbox"/>				20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)			
20f. (City or town) CRISFIELD, MD.				(County) (State)			
21. I certify that I attended the deceased from Oct 31 , 19 55 , to Mar 7 , 19 56 , that I last saw the deceased alive on Mar 7 , 19 56 , and that death occurred at 6:30 P.M. , from the causes and on the date stated above.							
ACTUAL SIGNATURE A. N. Barir				DATE SIGNED CRISFIELD, MARYLAND			
PHYSICIAN'S NAME (Type) A. N. BARIR, M.D.				ADDRESS CRISFIELD, MARYLAND			
22a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		22b. DATE THEREOF MAR. 10, 1956		22c. NAME OF CEMETERY OR CREMATORY MARUMSCO CEMETERY		22d. LOCATION (City, town, or county) (State) MARUMSCO, MD.	
23. FUNERAL DIRECTOR'S SIGNATURE BRADSHAW & SONS - CRISFIELD, MD.				24a. REC'D BY REGISTRAR DATE 3/15/56		24b. REGISTRAR'S SIGNATURE Barbara S. Adams	

1995

WAT THE EMERGENCY UNIT

44-38861-3

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428 1994-1995 1994-1995

Emory Green

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BUREAU V. S.

MAR 20 1956

RECEIVED

2490

5. M. J. R. A.

1947-1948

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3284

CERTIFICATE OF DEATH

03261

Reg. Dist. No.

265

1. PLACE OF DEATH o. COUNTY Somerset MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Somerset			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 39 Crisfield				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 39 Crisfield			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Asbury Ave.				d. STREET ADDRESS Asbury Ave.			
3. NAME OF DECEASED (Type or print) First ALWILDA Middle FRANCES Last LAWSON				4. DATE OF DEATH Month March Day 24, Year 1956			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 6, 1872		9. AGE (In years last birthday) 83 yrs.		IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or foreign country) Crisfield, Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME John Wesley Tyler				14. MOTHER'S MAIDEN NAME Elizabeth Somers			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None		17. INFORMANT Address Mrs. Richard F. Jones, Sr.—Crisfield, Md.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) 592X Coronary Condition DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Chronic Int Hepatitis + Chronic Myocarditis DUE TO (c)						INTERVAL BETWEEN ONSET AND DEATH 1 1/2 weeks	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from Mar. 10, 1956 to Mar. 24, 1956 , that I last saw the deceased alive on Mar. 24, 1956 , and that death occurred at 11:00 P.M. from the causes and on the date stated above.							
ACTUAL SIGNATURE George C. Coulbourn M.D.				ADDRESS (Street, city or town, state) Marion Station, Maryland DATE SIGNED			
PHYSICIAN'S NAME (Type) George C. Coulbourn, M.D.				Marion Station, Maryland			
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF Mar. 26, 1956		22c. NAME OF CEMETERY OR CREMATORY Asbury Cemetery		22d. LOCATION (City, town, or county) (State) Crisfield, Md.	
23. FUNERAL DIRECTOR'S SIGNATURE Bradshaw & Sons--Crisfield, Md. ADDRESS				24a. REC'D BY REGISTRAR DATE 3-26-56		24b. REGISTRAR'S SIGNATURE Willie D. Payne	

CERTIFICATE OF DEATH

1953

NAME OF DECEASED [Illegible]		SEX [Illegible]		AGE [Illegible]	
DATE OF DEATH [Illegible]		PLACE OF DEATH [Illegible]		CITY [Illegible]	
TIME OF DEATH [Illegible]		CAUSE OF DEATH [Illegible]		MANNER OF DEATH [Illegible]	
SIGNATURE OF DECEASED [Illegible]		SIGNATURE OF WITNESS [Illegible]		SIGNATURE OF PHYSICIAN [Illegible]	
SIGNATURE OF CLERK [Illegible]		SIGNATURE OF REGISTRAR [Illegible]		SIGNATURE OF JUDGE [Illegible]	

BUREAU V. S.

MAR 29 1956

RECEIVED

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03262

3290

CERTIFICATE OF DEATH

Reg. Dist. No.

265

1. PLACE OF DEATH a. COUNTY <u>SOMERSET</u> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE <u>MARYLAND</u> b. COUNTY <u>SOMERSET</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>CRISFIELD</u>				c. LENGTH OF STAY IN 1b <u>10 YEARS</u>			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>MC CREADY HOSPITAL</u>				d. STREET ADDRESS <u>326 PINE ST.</u>			
3. NAME OF DECEASED (Type or print) First Middle Last <u>LEONARD JOSEPH MCINTYRE</u>				4. DATE OF DEATH Month Day Year <u>MARCH 8 1956</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>JULY 7, 1895</u>	
9. AGE (In years last birthday) <u>60</u> yrs.		IF UNDER 1 YEAR Months Days Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SHIPPING CLERK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SEAFOOD DIST.</u>	
11. BIRTHPLACE (State or foreign country) <u>MT. VERNON, MARYLAND</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13. FATHER'S NAME <u>COLUMBUS MCINTYRE</u>				14. MOTHER'S MAIDEN NAME <u>MARY MCINTYRE</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u> (If yes, give war or dates of service) <u>WW I</u>				16. SOCIAL SECURITY NO. <u>218-05-6248</u>			
17. INFORMANT <u>MRS. HAZEL MCINTYRE - CRISFIELD, MD.</u>				Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Uremia - acute dil. of heart</u> <u>592X</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>Chronic dx Nephritis - Multiple</u> DUE TO <u>Arthritis</u> (c) _____						INTERVAL BETWEEN ONSET AND DEATH <u>2 wks.</u> <u>3 yrs.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. <u>19</u>				20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
20f. (City or town) _____ (County) _____ (State) _____							
21. I certify that I attended the deceased from <u>2-22-1956</u> , to <u>3-8-</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>3-8-</u> , 19 <u>56</u> , and that death occurred at <u>6:00 P.M.</u> , from the causes and on the date stated above.							
ACTUAL SIGNATURE <u>George C. Coulbourn M.D.</u>				ADDRESS (Street, city or town, state) <u>Marion Sta. Md.</u>			
DATE SIGNED <u>3-9-56</u>							
PHYSICIAN'S NAME (Type) <u>GEORGE C. COULBOURNE M.D.</u> <u>MARION STATION, MD.</u>							
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		22b. DATE THEREOF <u>MAR. 11, 1956</u>		22c. NAME OF CEMETERY OR CREMATORY <u>PRESBYTERIAN CEMETERY</u>		22d. LOCATION (City, town, or county) (State) <u>PRINCESS ANNE, MARYLAND</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>BRADSHAW & SONS - CRISFIELD, MD.</u>				24a. REC'D BY REGISTRAR DATE <u>3-9-56</u>		24b. REGISTRAR'S SIGNATURE <u>Mellie D. Payne</u>	

CERTIFICATE OF DEATH

520

NAME LEONARD JOSEPH ELLIOTT SEX MALE DATE OF BIRTH JULY 7, 1892 PLACE OF BIRTH MT. VERNON, ILLINOIS OCCUPATION MACHINIST CAUSE OF DEATH HEART DISEASE - CORONARY THROMBOSIS PLACE OF DEATH ST. LOUIS, MISSOURI DATE OF DEATH MARCH 12, 1956 TIME OF DEATH 10:30 AM SIGNATURE OF DECEASED (None) SIGNATURE OF WITNESSES (None) SIGNATURE OF PHYSICIAN (None) SIGNATURE OF CLERK (None) SIGNATURE OF REGISTRAR (None)		COUNTY ST. LOUIS STATE MISSOURI
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BUREAU V. S.

MAR 12 1956

RECEIVED

NAME GEORGE C. COBBINS JR. SEX MALE DATE OF BIRTH (None) PLACE OF BIRTH (None) OCCUPATION (None) CAUSE OF DEATH (None) PLACE OF DEATH (None) DATE OF DEATH (None) TIME OF DEATH (None) SIGNATURE OF DECEASED (None) SIGNATURE OF WITNESSES (None) SIGNATURE OF PHYSICIAN (None) SIGNATURE OF CLERK (None) SIGNATURE OF REGISTRAR (None)	COUNTY ST. LOUIS STATE MISSOURI
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1

INSTRUCTIONS

TO ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

3291

CERTIFICATE OF DEATH

03263

Reg. Dist. No. 260

1. PLACE OF DEATH COUNTY SOMERSET MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PRINCESS ANNE HOSPITAL OR INSTITUTION OR STREET ADDRESS				2. USUAL RESIDENCE (HOME) OF DECEASED STATE MARYLAND COUNTY SOMERSET CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PRINCESS ANNE STREET ADDRESS (If rural give location) HAMPTON AVE			
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) ALLENA PALMER				4. DATE OF DEATH (Month) (Day) (Year) 3/26/56 19			
5. SEX FEMALE	6. COLOR OR RACE NEGRO	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE	8. DATE OF BIRTH 7/22/55	9. AGE last birthday yrs. 7		IF UNDER 1 YEAR Months Days 7	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME GEORGE A. PALMER				14. MOTHER'S MAIDEN NAME MINNIE MULLEN			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS MINNIE PALMER PRINCESS ANNE MD			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 501X IMMEDIATE CAUSE (A) Acute Pneumonia Pneumonia ANTECEDENT CAUSE(S) DUE TO (B) Bronchitis DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Acute gaseous abdominal distention				18. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 3 days 5 days 1 day			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. <input type="checkbox"/> Not while at work <input type="checkbox"/>		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 3-25-56 19 56 , to 3-26-56 19 56 , that I last saw the deceased alive on 3-25-56 19 56 , and that death occurred at 7:20 A.M. from the causes and on the date stated above. SIGNATURE W. Lewis M.D. ADDRESS (Street, city, town, state) Princess Anne, Md. DATE SIGNED 3/26/56							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL		DATE THEREOF 3/27/56		NAME OF CEMETERY OR CREMATORY MT CARMAL		LOCATION (City, town, or county) (State) PRINCESS ANNE MD	
24. REC'D BY REGISTRAR DATE 3/27/56		REGISTRAR'S SIGNATURE R. H. Johnson, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE William H. Jones		ADDRESS Princess Anne, Md.	

4-100236404

CERTIFICATE OF DEATH

1. DEPARTMENT OF HEALTH, STATE OF MARYLAND

2. NAME OF DECEASED

3. SEX

4. AGE

5. DATE OF BIRTH

6. PLACE OF BIRTH

7. OCCUPATION

8. CAUSE OF DEATH

9. MANNER OF DEATH

10. PLACE OF DEATH

11. TIME OF DEATH

12. SIGNATURE OF PHYSICIAN

13. SIGNATURE OF CORONER

14. SIGNATURE OF WITNESSES

15. SIGNATURE OF DECEASED

16. SIGNATURE OF FUNERAL HOME

17. SIGNATURE OF BURIAL PLACE

18. SIGNATURE OF INTERVIEWER

19. SIGNATURE OF REGISTRAR

20. SIGNATURE OF CLERK

21. SIGNATURE OF CHIEF CLERK

22. SIGNATURE OF ASSISTANT CLERK

23. SIGNATURE OF DEPUTY CLERK

24. SIGNATURE OF RECORDS CLERK

25. SIGNATURE OF STATISTICS CLERK

26. SIGNATURE OF INSPECTION CLERK

27. SIGNATURE OF LABORATORY CLERK

28. SIGNATURE OF PHARMACY CLERK

29. SIGNATURE OF DENTISTRY CLERK

30. SIGNATURE OF VETERINARY CLERK

31. SIGNATURE OF NURSING CLERK

32. SIGNATURE OF OPTICIAN CLERK

33. SIGNATURE OF PODIATRIST CLERK

34. SIGNATURE OF RADIOLOGIST CLERK

35. SIGNATURE OF PATHOLOGIST CLERK

36. SIGNATURE OF HISTOLOGIST CLERK

37. SIGNATURE OF ANATOMIST CLERK

38. SIGNATURE OF PHYSIOLOGIST CLERK

39. SIGNATURE OF BIOCHEMIST CLERK

40. SIGNATURE OF MICROBIOLOGIST CLERK

41. SIGNATURE OF IMMUNOLOGIST CLERK

42. SIGNATURE OF EPIDEMIOLOGIST CLERK

43. SIGNATURE OF PUBLIC HEALTH CLERK

44. SIGNATURE OF COMMUNITY HEALTH CLERK

45. SIGNATURE OF SCHOOL HEALTH CLERK

46. SIGNATURE OF OCCUPATIONAL HEALTH CLERK

47. SIGNATURE OF ENVIRONMENTAL HEALTH CLERK

48. SIGNATURE OF FOOD AND DRUG CLERK

49. SIGNATURE OF COSMETOLOGY CLERK

50. SIGNATURE OF NAIL TECHNOLOGY CLERK

51. SIGNATURE OF HAIRDRESSING CLERK

52. SIGNATURE OF BEAUTY CLERK

53. SIGNATURE OF MASSAGE CLERK

54. SIGNATURE OF CHIROPRACTOR CLERK

55. SIGNATURE OF YOGA CLERK

56. SIGNATURE OF MEDITATION CLERK

57. SIGNATURE OF OTHER CLERK

BUREAU V. 2.

MAR 29 1956

RECEIVED

RECEIVED

RECEIVED

03264

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3292

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH- COUNTY <u>Somerset</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Somerset</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Princess Anne</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Princess Anne</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location) <u>121 Washington Street</u>	
3. NAME OF DECEASED (First) <u>Sarah</u> (Middle) <u>Elizabeth</u> (Last) <u>Pinnett</u>		4. DATE OF DEATH (Month) <u>March</u> (Day) <u>18</u> (Year) <u>1956</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Colored</u>	7. DECEASED <u>WIDOWED</u> (Specify)	8. DATE OF BIRTH <u>Sept. 7, 1876</u>
9. AGE last birthday <u>79</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)	
<u>Domestic</u>		11. BIRTHPLACE (State or foreign country) <u>Galena, Kentucky; Md.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13. FATHER'S NAME <u>Robert David Peaker</u>	
14. MOTHER'S MAIDEN NAME <u>Alice</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT AND ADDRESS <u>Roxie Pinnett, 121 Washington St. Princess Anne</u>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

5711	(a) <u>Chronic Gastro Enteritis</u>	INTERVAL BETWEEN ONSET AND DEATH <u>4 mths</u>
Immediate cause	(b) <u>Hypostatic Pneumonia</u>	<u>10 days</u>
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 10, 1955, to March 18, 1956, that I last saw the deceased alive on March 17, 1956, and that death occurred at 2:15 A. m., from the causes and on the date stated above.

SIGNATURE <u>Eldon G. Johnson</u>	(Degree or title)	ADDRESS <u>Princess Anne, Md.</u>	DATE SIGNED <u>3-19-56</u>
23. BURIAL (Specify) <u>3-21-56</u>	DATE THEREOF	NAME OF CEMETERY OR CREMATORY <u>Westley</u>	LOCATION (City, town, or county) (State) <u>Princess Anne, Md.</u>
DATE REC'D BY LOCAL REG. <u>3/19/56</u>	REGISTRAR'S SIGNATURE <u>R. A. Johnson, M.D.</u>	24. FUNERAL DIRECTOR <u>J. Edgar Thomas</u>	ADDRESS <u>Accomac, D.C.</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

BUREAU V. S.

MAR 20 1956

RECEIVED

3293 CERTIFICATE OF DEATH

Reg. Dist. No.

03265
261

1. PLACE OF DEATH a. COUNTY Somerset MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Somerset			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Marion Station				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Marion Station			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION				d. STREET ADDRESS			
3. NAME OF DECEASED (Type or print) First JACOB Middle THOMAS Last SATCHELL				4. DATE OF DEATH Month March Day 20 Year 19 56			
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 15, 1871		9. AGE (In years last birthday) 85 yrs.	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hotel Employee		10b. KIND OF BUSINESS OR INDUSTRY Hotel Business		11. BIRTHPLACE (State or foreign country) Eastville, Virginia		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Savern Satchell				14. MOTHER'S MAIDEN NAME unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 213-22-9179		17. INFORMANT Margaret E. Stachell--Marion Station, Md.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Dil. of Heart - 151X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) hemorrhage DUE TO (c) Carcinoma of Stomach with 18 mos.						INTERVAL BETWEEN ONSET AND DEATH 5 days	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Month, Day, Year Hour a. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from Mar. 17, 1956 to Mar. 20, 1956 , that I last saw the deceased alive on Mar. 17, 1956 , and that death occurred at M , from the causes and on the date stated above.							
ACTUAL SIGNATURE George C. Coulbourn, M.D.				ADDRESS (Street, city or town, state) Marion Sta. Md. DATE SIGNED 3-23-56			
PHYSICIAN'S NAME (Type) George C. Coulbourn, M.D.				Marion Station, Md.			
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF Mar. 23, 1956		22c. NAME OF CEMETERY OR CREMATORY Lawsonia Cemetery		22d. LOCATION (City, town, or county) (State) Crisfield, Md.	
23. FUNERAL DIRECTOR'S SIGNATURE Bradshaw & Sons--Crisfield, Md.				42a. REC'D BY REGISTRAR DATE 3-23-56		24b. REGISTRAR'S SIGNATURE Nellie D. Payne	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital. The attending physician has signed by the attending physician and completed in by the funeral director. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

Name of Deceased William Johnston		Age 60 years	
Sex Male		Race White	
Date of Death Feb. 15, 1956		Place of Death Home	
Cause of Death Coronary Thrombosis		Immediate Cause of Death Myocardial Infarction	
Contributing Cause of Death Hypertension		Manner of Death Natural	
Signature of Physician [Signature]		Signature of Registrar [Signature]	
Date of Report Feb. 16, 1956		Place of Report Baltimore, Md.	
Signature of Reporting Physician [Signature]		Signature of Reporting Registrar [Signature]	
Date of Report Feb. 16, 1956		Place of Report Baltimore, Md.	
Signature of Reporting Physician [Signature]		Signature of Reporting Registrar [Signature]	

RECEIVED
MAR 27 1956
BUREAU V. S.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed, it should be filed in by the funeral director. page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

BALTIMORE STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3285

CERTIFICATE OF DEATH

Reg. Dist. No.

03266-265

1. PLACE OF DEATH o. COUNTY Somerset MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Somerset			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION E. Main St., Ext.				d. STREET ADDRESS E. Main St., Ext.			
3. NAME OF DECEASED (Type or print) First ARLIE Middle GRAHAM Last STERLING, SR.				4. DATE OF DEATH Month March Day 23 Year 1956			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH August 20, 1879	9. AGE (In years, day, month, and year) 76 yrs.	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner			10b. KIND OF BUSINESS OR INDUSTRY Seafood Packer		11. BIRTHPLACE (State or foreign country) Crisfield, Maryland		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Andrew Grover Sterling				14. MOTHER'S MAIDEN NAME Virginia Jones			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service)		17. INFORMANT Address Stanley C. Sterling-Crisfield, Maryland			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Dil. of Heart - Uremia - 422.2 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Chronic Myocarditis + Nephritis - DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						INTERVAL BETWEEN ONSET AND DEATH 2 wks - about 5 yrs	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. p. m. 19			20d. INJURY OCCURRED While at work <input type="checkbox"/> Nat while of work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from Mar. 9, 1956 to Mar. 23, 1956 , that I last saw the deceased alive on Mar. 23, 1956 , and that death occurred at 2:00 P. M. from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE George C. Coulbourn M.D. Marion Station Md PHYSICIAN'S NAME (Type) George C. Coulbourn, M. D. Marion Station, Maryland							
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF Mar. 25, 1956	22c. NAME OF CEMETERY OR CREMATORY Sunnyridge Cemetery		22d. LOCATION (City, town, or county) (State) Crisfield, Maryland		
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bradshaw & Sons-Crisfield, Md.				24a. REC'D BY REGISTRAR DATE 3-26-56		24b. REGISTRAR'S SIGNATURE Nellie D. Payne	

CERTIFICATE OF DEATH

3585

NAME OF DECEASED JAMES EARL RAY		SEX MALE		AGE 35		DATE OF BIRTH JAN 5 1920		PLACE OF BIRTH MOBILE, ALA.	
RACE WHITE		RELIGION METHODIST		MARRIAGE MARRIED		EDUCATION HIGH SCHOOL		OCCUPATION CONDUCTOR	
DECEASED AT BALTIMORE, MD.		DATE OF DEATH APR 4 1968		TIME OF DEATH 10:00 AM		PLACE OF DEATH HOSPITAL		CAUSE OF DEATH HEART DISEASE	
MANNER OF DEATH NATURAL		IMMEDIATE CAUSE CORONARY THROMBOSIS		INTERMEDIATE CAUSE HYPERTENSION		UNDERLYING CAUSE ARTERIOSCLEROSIS		MORBIDITY NO	
SIGNATURE OF PHYSICIAN J. H. [illegible]		DATE APR 4 1968		SIGNATURE OF REGISTRAR [illegible]		DATE APR 4 1968		SIGNATURE OF WITNESS [illegible]	
SIGNATURE OF NEXT OF KIN [illegible]		DATE APR 4 1968		SIGNATURE OF DECEASED [illegible]		DATE APR 4 1968		SIGNATURE OF DECEASED [illegible]	

BUREAU V. S.

MAR 28 1956

RECEIVED

3294

CERTIFICATE OF DEATH

Reg. Dist. No.

260

1. PLACE OF DEATH a. COUNTY Somerset MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institutional, residence before admission) a. STATE Maryland b. COUNTY Somerset	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Princess Anne		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Princess Anne, Md. X	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Beechwood St.		d. STREET ADDRESS Beechwood St.	
3. NAME OF DECEASED (Type or print) First Middle Last Mary E. Taylor		4. DATE OF DEATH Month Day Year March 22 19 56	
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 2, 1890
9. AGE (In years last birthday) 65 yrs.		10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Theodore Pusey		14. MOTHER'S MAIDEN NAME Mary Reese	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT Mrs. Raymond Taylor Princess Anne, Md.		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MYOCARDIAL INFARCTION 420.1 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) ATHEROSCLEROSIS (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) SEVERE ESSENTIAL HYPERTENSION		INTERVAL BETWEEN ONSET AND DEATH INSTANT? (?) YEARS	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from 8-20, 1952 to 3-22, 1956 that I last saw the deceased alive on JAN 4, 1956, and that death occurred at 8:45 AM, from the causes and on the date stated above.			
ACTUAL SIGNATURE Geo M Dunn		ADDRESS (Street, city or town, state) Princess Anne Md.	
PHYSICIAN'S NAME (Type) GEORGE MITCHELL DUNN, M. D.		DATE SIGNED	
22a. BURIAL, CREMATION, REMOVAL (Specify) burial		22b. DATE THEREOF 3/25/56	
22c. NAME OF CEMETERY OR CREMATORY Manokin Presbyterian		22d. LOCATION (City, town, or county) (State) Princess Anne Md.	
23. FUNERAL DIRECTOR'S SIGNATURE James L. Henman		ADDRESS Princess Anne Md.	
24a. REC'D BY REGISTRAR DATE 3/29/56		24b. REGISTRAR'S SIGNATURE R. S. Johnson, M.D.	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. The law requires that the death certificate be signed by the attending physician and completed by the funeral director. After this certificate has been signed by the attending physician and completed by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE 11

PLACE OF BIRTH _____		SEX _____	
DATE OF BIRTH _____		PLACE OF DEATH _____	
OCCUPATION _____		CAUSE OF DEATH _____	
MANNER OF DEATH _____		MEDICAL HISTORY _____	
NAME OF DECEASED _____		NAME OF NEXT OF KIN _____	
ADDRESS OF DECEASED _____		ADDRESS OF NEXT OF KIN _____	
DATE OF DEATH _____		TIME OF DEATH _____	
PLACE OF DEATH _____		NAME OF PHYSICIAN _____	
NAME OF FUNERAL HOME _____		NAME OF BURIAL PLACE _____	
NAME OF MINISTER OF THE GOSPEL _____		NAME OF CLERGYMAN _____	
NAME OF CHURCH _____		NAME OF CEMETERY _____	
NAME OF INTERVIEWER _____		NAME OF WITNESS _____	
NAME OF REGISTRAR _____		NAME OF CLERK _____	

BUREAU V. S.

APR 2 1956

THIS CERTIFICATE IS VALID FOR THE PURPOSES OF THE MARYLAND DEPARTMENT OF HEALTH AND IS NOT VALID FOR THE PURPOSES OF THE FEDERAL BUREAU OF INVESTIGATION.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital. The attending physician has been signed by the attending physician and completed. It is to be filled in by the funeral director, TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed, it is to be filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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CERTIFICATE OF DEATH

Reg. Dist. No.

265

1. PLACE OF DEATH a. COUNTY Somerset MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Somerset			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield				c. LENGTH OF STAY IN 1b 20 years			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION McCreedy Hospital				d. STREET ADDRESS Main St.			
3. NAME OF DECEASED (Type or print) First MILDRED Middle HORSEY Last WILKENS				4. DATE OF DEATH Month March Day 24 , Year 1956			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH March 13, 1891	
9. AGE (In years last birthday) 65 yrs.		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Registered Nurse				10b. KIND OF BUSINESS OR INDUSTRY Hospital		11. BIRTHPLACE (State or foreign country) Crisfield, Maryland	
12. CITIZEN OF WHAT COUNTRY? USA							
13. FATHER'S NAME Alonzo R. Horsey				14. MOTHER'S MAIDEN NAME Addie Nelson			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service)		17. INFORMANT Mrs. Ruth Anklaam--Main St.--Crisfield, Md.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary edema & l. dil. of heart. 260X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Pulmonary embolism DUE TO (c) Diabetic arterio-sclerotic heart disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						INTERVAL BETWEEN ONSET AND DEATH 18 hrs. 4-5 days. yes.	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour a. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from March 18, 1956 , to March 24, 1956 , that I last saw the deceased alive on March 24, 1956 , and that death occurred at 6⁰⁰ P. M. , from the causes and on the date stated above.							
ACTUAL SIGNATURE C. G. Rawley M.D.				ADDRESS (Street, city or town, state) Crisfield, Md. DATE SIGNED 3/24/56			
PHYSICIAN'S NAME (Type) C. G. Rawley, M.D.				Crisfield, Maryland			
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF Mar. 27, 1956		22c. NAME OF CEMETERY OR CREMATORY Crisfield Cemetery		22d. LOCATION (City, town, or county) (State) Crisfield, Md.	
23. FUNERAL DIRECTOR'S SIGNATURE Bradshaw & Sons--Crisfield, Md.				ADDRESS		24a. REC'D BY REGISTRAR DATE 3/28/56	
				24b. REGISTRAR'S SIGNATURE Barbara L. Adams			

BUREAU V. S.

APR 2 1956

RECEIVED